PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Numb	$\overline{}$	10/602,279				
FEE TRANSMITTAL				Filing Date		06/23/2003				
For FY 2005				First Named Inve	-	Mayorga, et al.				
101112005				Examiner Name		Margaret G. Moore				
Applicant claims small entity status. See 37 CFR 1.27			⊢	Art Unit		1712				
TOTAL AMOUNT OF PAYMEN	NT (\$)	330.00		Attorney Docket		06223P US	A			
METHOD OF PAYMENT (C	heck all t	that apply)								
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 01-0493 Deposit Account Name: Air Products and Chemicals. Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Character and different factors and a state of the control of the										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
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FEE CALCULATION										
1. BASIC FILING, SEARCH	i, AND E	XAMINATION FE	ES							
F	FILING F	EES S		H FEES	EXAM	INATION F				
Application Type F	ee (\$)		ee (\$)	Small Entity Fee (\$)	Fee (<u>Small En</u> \$) <u>Fee (</u> \$		Fees F	Paid (\$)	
Utility	300	150	500	250	200		-			
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80	_			
Reissue	300	150	500	250	600	300	_			
Provisional	200	100	0	0	0	0	_			
2. EXCESS CLAIM FEES									Small Entity	
Fee Description Fach claim over 20 or for P	aiceuae	anch alaim aver 2	O and .	mara than in th	a asiai	nol notant		Fee (\$)	1 <u>Fee (\$)</u> 25	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180										
• •	ra Claims	Fee (\$)	Fee Pa	aid (\$)	Multip	le Depender	nt Claims	500	100	
- 20 or HP =		x 50 =		0	Fee	(\$)	Fee Paid (<u>\$)</u>		
HP = highest number of total claim Indep. Claims Extr	ns paid for, ra Claims	f greater than 20 Fee (\$)	Fee Pa	nid (\$)						
- 3 or HP = HP = highest number of independe		x =		0						
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 250 = 0										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other: 1 Additional Independent Claim (\$200) and Terminal Disclaimer (\$130)										
	-									

SUBMITTED BY				
Signature	Kosah Mil	Registration No. (Attorney/Agent) 47,321	Telephone	610-481-8169
Name (Print/Type)	Rosaleen P. Morris-Oskanian		Date 9-12	-2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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